

PSR - Psoriasis

PSR-BH BEHAVIORAL HEALTH

OUTCOME: The patient will understand that psoriasis has a physical impact on the skin, but it also affects feelings, behaviors, and experiences.

STANDARDS:

1. Discuss the importance of recognizing and acknowledging the social effects of psoriasis in order to cope with the disease.
2. Explain that psoriasis marks people as different because the skin looks different from other people's skin. Some people may react with insensitivity and ignorance to people with psoriasis.
3. Discuss that ways to cope with psoriasis will vary with individuals, and that there is no "best" way to cope with psoriasis. Coping might include discussing this condition with family and friends.
4. Discuss emotions associated with psoriasis, e.g., frustration with the condition, embarrassment, anger.
5. Discuss ways to cope with the emotional aspects of psoriasis:
 - a. Learn the facts about psoriasis
 - b. Practice responses to people who may comment on your skin
 - c. Join (or start) a psoriasis support group
 - d. Expect negative experiences but anticipate that each time it will get easier
 - e. Fill life with a positive focus
 - f. Remember that there is much more to life than just the skin disease
6. Refer to community resources as appropriate.

PSR-DP DISEASE PROCESS

OUTCOME: The patient will understand the basic pathophysiology, symptoms, and prognosis of psoriasis.

STANDARDS:

1. Explain that psoriasis is not contagious, there is no cure, and will require lifelong treatment. Psoriasis comes and goes in cycles of remission and flare-ups.
2. Explain that a variety of factors—ranging from emotional stress, trauma to the skin, dry skin and streptococcal infection—can induce an episode of psoriasis. Recent research indicates that some abnormality in the immune system likely plays a role.

3. Explain that in people with psoriasis; the immune system is mistakenly “triggered,” causing skin cells to grow too fast. The rapidly growing cells pile up in the skin’s top layers, leading to the formation of silvery lesions on the surface.
4. Explain that genetics may play a role and that psoriasis may be exacerbated by:
 - a. Emotional stress
 - b. Injury to the skin
 - c. Reaction to certain drugs
 - d. Some types of infection
5. Explain that psoriasis is a skin disease that causes dry, red, scaly patches to appear on the skin. It can show up on any part of the body. In most cases, it occurs on the elbows, knees, scalp, or torso.
6. Discuss the forms of psoriasis as indicated for this patient.
 - a. Plaque psoriasis (most common): patches of raised, red skin covered by a flaky white or silver build-up called scale.
 - b. Guttate psoriasis: sometimes preceded by strep throat. Small, red dots on the skin usually appear on the arms, legs, and trunk.
 - c. Three less common forms of psoriasis:
 - i. Erythrodermic – intense inflammation with bright, red skin that looks “burned” and sheds or peels.
 - ii. Inverse – smooth, dry patches that are red and inflamed, often in the folds or creases of the skin, such as the armpits or groin, between the buttocks or under the breasts. Inverse psoriasis is more common in those who are overweight.
 - iii. Pustular – blister like spots filled with liquid, surrounded by red skin. The blisters will often come and go in cycles. This form of psoriasis can appear on specific areas, like the hands or feet, or on larger areas of skin.
7. Later manifestations of psoriasis may include:
 - a. Palmer/Plantar psoriasis: red, scaly, cracked skin with tiny pustules on the palms of the hands or the soles of the feet.
 - b. Psoriatic arthritis:
 - i. Stiffness, pain, and tenderness of the joints
 - ii. Reduced range of motion
 - iii. Nail changes such as pitting, which is found in up to 80% of people with psoriatic arthritis
8. Explain that usually people have one kind of psoriasis at a time. However, one kind of psoriasis can turn into another kind.
9. Psoriasis can be:

- a. Mild - up to 3% of your body
- b. Moderate – 3 to 10% of your body
- c. Severe – more than 10% of your body

PSR-FU FOLLOW UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of psoriasis.

STANDARDS:

- 1. Discuss the importance of follow-up care.
- 2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
- 3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
- 4. Discuss signs/symptoms that should prompt immediate follow-up.
- 5. Discuss the availability of community resources and support services and refer as appropriate.

PSR-L LITERATURE

OUTCOME: The patient/family will receive literature about psoriasis.

STANDARDS:

- 1. Provide patient/family with information on psoriasis
- 2. Discuss the content of the literature.

PSR-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARD:

- 1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
- 2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
- 3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
- 4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements.

Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

PSR-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of psoriasis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PSR-N NUTRITION

OUTCOME: The patient/family will understand the need for a healthy diet pertaining to psoriasis.

STANDARDS:

1. Review normal nutritional needs for optimal health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
3. Explain that vitamin D and E and Zinc may have some benefit.
4. Refer to a dietitian as needed.

PSR-P PREVENTION

OUTCOME: The patient will understand that avoiding psoriasis triggers can lessen the impact of the condition.

STANDARDS:

1. Explain that the patient should avoid skin injuries that result in a break in the skin which can exacerbate or trigger flare-ups, e.g., insect bites, cuts and scrapes, and burns. Emphasize that care should be taken to wear protective clothing to protect the skin.
2. Explain that other triggers that may exacerbate psoriasis include shaving, adhesive taping, tattoos, chafing, blisters, and boils.
3. Explain that common preventive measures include avoiding hot showers and perfumed lotions and soaps.
4. Explain that it is difficult to separate job and family-related stress from the psychological stress of living with psoriasis. One cause of stress probably reinforces the others. Clinical studies have supported the facts that psychological stress can worsen psoriasis. **Refer to PSR-SM.**

PSR-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management with psoriasis.

STANDARDS:

1. Explain that uncontrolled stress can contribute to increased outbreaks.
2. Explain that effective stress management may reduce the adverse consequences of psoriasis, as well as help improve the health and well-being of the patient.
3. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - d. Becoming aware of your own reactions to stress
 - e. Recognizing and accepting your limits
 - f. Talking with people you trust about your worries or problems
 - g. Setting realistic goals
 - h. Getting enough sleep
 - i. Maintaining a healthy diet
 - j. Exercising regularly
 - k. Taking vacations
 - l. Practicing meditation, self-hypnosis, and positive imagery
 - m. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - n. Participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PSR-TX TREATMENT

OUTCOME: The patient will understand that psoriasis usually responds to treatment but is not curable.

STANDARDS:

1. Explain that many treatments for psoriasis are available. Patient may not respond one treatment but will respond to another one.
2. Explain that a simple treatment for psoriasis is to soak in a warm bath for 10–15 minutes, then immediately apply a topical ointment such as petroleum jelly, which helps the skin retain moisture.
3. Explain that topical ointments include salicylic acid ointments, steroid-based creams, and other medications, e.g., calcipotriene, which is related to vitamin D.
4. Explain that coal-tar ointments and shampoos can alleviate symptoms but these may also cause side effects, such as folliculitis.
5. Explain that light therapy treatment is sometimes recommended for persistent, difficult-to-treat cases of psoriasis. However, the use of light therapy can be risky due to the possibility of skin damage from the ultraviolet light itself.
6. Explain that when these treatments fail, some doctors prescribe oral medications to treat psoriasis. Some of these medications affect the immune system and body organs and require careful monitoring.